

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044104

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1002  
FILED NOV 21 1968

Primary Registration District No. 1002

Registrar's No.

5865

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 20 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 1503 E. 49th St.	
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH McCRARY		4. DATE OF DEATH Month Day Year October 28 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1907
9. AGE (last birthday) 56		10. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent		11. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Harvey Mc Crary		13b. MOTHER'S MAIDEN NAME Brunett Holmes	
14. NAME OF HUSBAND OR WIFE Kathleen McCrary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Mrs Kathleen McCrary, 1503 E. 49th	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <u>Cerebral hemorrhage</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 90 days	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-1-63 to 10-28-63 and last saw him alive on 10-28-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Graham Owens M.D.		22b. ADDRESS Union Station KCMo	
22c. DATE 10-30-63		22d. DATE SIGNED 10-28-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. NAME OF CEMETERY OR CREMATORY National Cem.	
23c. LOCATION (City, town, or county) Ft. Leavenworth, Kans.		23d. DATE RECD. BY LOCAL REG. 10-29-63	
23e. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		23f. REGISTRAR'S SIGNATURE Beessie Smith	
1800 East Linwood, Kansas City, Mo.			

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Graham Owens  
Union Station  
UL 2-2813  
noon to 2:30 Mon.

JAN 1 1964

NOV 26 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gerald A. Burger*

Licensed Embalmer No. 4763

P. O. Address

9648 Roe Ave.  
Overland Park, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.